

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109660

FILED  
Jan 23, 2008  
Secretary of State

**Entity Name:** ADVANCED CHIROPRACTIC REHABILITATION AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

15151 SOUTH HWY 441  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

15151 SOUTH HWY 441  
SUITE 200  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

6245 6245 NE 60TH STREET  
SILVER SPRINGS, FL 34488

**New Mailing Address:**

15151 SOUTH HWY 441  
SUITE 200  
SUMMERFIELD, FL 34491

**FEI Number:** 51-0519313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAMMANA, THOMAS  
6245 6245 NE 60TH STREET  
SILVER SPRINGS, FL 34488 US

**Name and Address of New Registered Agent:**

MAMMANA, THOMAS F DR.  
6245 6245 NE 60TH STREET  
SILVER SPRINGS, FL 34488 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. THOMAS F. MAMMANA

01/23/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MAMMANA, CAROL J SEC  
Address: 6245 N.E. 60TH ST  
City-St-Zip: SILVER SPRINGS, FL 34488 MA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J. MAMMANA

SEC

01/23/2008

Electronic Signature of Signing Officer or Director

Date